

Dear _____:

Pursuant to the Americans with Disabilities Act and the Equal Employment Opportunity Commission enforcement guidance, reassignment of qualified employees with disabilities is a form of reasonable accommodation. Reassignment must be considered if one of the following determinations has been made:

1. There are no effective reasonable accommodations that will enable the employee to perform the essential functions of his/her position; or
2. All other reasonable accommodations would impose undue hardships or would pose direct threats.

The purpose of this letter is to inform you that we have determined that it is necessary to consider reassigning you to an alternate, vacant position as a reasonable accommodation, and to provide information that will assist you in furthering the process.

Within seven (7) working days of the date of receipt of this letter, you must complete and submit the enclosed Reassignment Applicant Profile. (*If additional medical information is needed:* Additionally, please have your health care provider complete the enclosed form.) This information is necessary for us to proceed with your accommodation request. If you fail to submit this information, a determination will be made regarding your qualifications based on information available in this office.

Upon receipt of your Reassignment Applicant Profile, your profile and related medical reports will be forwarded to the Division of Personnel, Employee Services Section. Upon receipt of this information Employee Services will begin a fifteen (15) working days job search.

Upon completion of the job search, you will be offered the vacancy closest to your current salary range for which you meet the minimum qualifications and can perform the essential functions with or without reasonable accommodations, provided one is available.

You will have ten (10) working days to respond to this written job offer. If you do not accept the offer within the prescribed time period, or if the job search is not successful, you will be subject to separation from State service.

Please do not hesitate to contact me with any questions you may have. Reassignment is a shared responsibility between the employee and the employer. We must work together to ensure its success.

Sincerely,

Management Services

enclosure: Reassignment Applicant Profile

cc: Absence Management
Division of Personnel
Department of Administration

State ADA Coordinator
Division of Vocational Rehabilitation
Department of Labor and Workforce Development

State of Alaska
Applicant Profile

☐ Reassignment

Personal Information

First Name: _____ Middle Initial: __ Last Name: _____

Social Security Number: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____

Home Phone: _____

Work/Message Phone: _____

E-mail: (Optional) _____

Do you have a legal right to accept employment in the United States?

☐ Yes ☐ No

Are you related to any person currently working for the State of Alaska?

☐ Yes ☐ No

If Yes, please list their name(s), their Department(s), and your relationship(s):

Have you been convicted of a felony?

☐ Yes ☐ No

Have you been convicted of a misdemeanor within the past five years?

☐ Yes ☐ No

Have you ever been convicted of a misdemeanor crime of domestic violence as stated below?

☐ Yes ☐ No

If you answered Yes to any of the questions above, please explain on a separate piece of paper.

Note: If you have been convicted of a felony, you must attach a copy of your judgment.

In accordance with the federal Omnibus Consolidated Appropriations Act of 1997 (PL 104-208), if you have been convicted of a misdemeanor crime of domestic violence you may not hold a position that requires the use or possession of a firearm or ammunition.

A “misdemeanor crime of domestic violence” means an offense that:

- (1) is a misdemeanor under Federal or state law; and
- (2) has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim.

Locations in which you are willing to accept employment:

☐ Juneau ☐ Anchorage ☐ Fairbanks ☐ Other _____

Education & Training

Education: Check highest level attained

<u>High School</u>	<u>Post Secondary</u>
<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College
<input type="checkbox"/> HS Graduate or GED	<input type="checkbox"/> Associate's Degree
	<input type="checkbox"/> Bachelor's Degree
	<input type="checkbox"/> Master's Degree
	<input type="checkbox"/> Doctorate

School Name	School Location	Areas of Study	Degrees obtained

Certifications, licenses and date obtained:

Career-specific, job-related training and skills:

Experience

(attach additional sheets if necessary)

Name of employer and location:	
Start Date: (Month/Day/Year):	
Ending Date: (Month/Day/Year):	
Job Title:	
Supervisor's Name:	
Supervisor's Phone Number:	
Employment Type:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Hours/Week worked:	
Salary: (Monthly)	

Please describe your duties.

Name of employer and location:	
Start Date: (Month/Day/Year):	
Ending Date: (Month/Day/Year):	
Job Title:	
Supervisor's Name:	
Supervisor's Phone Number:	
Employment Type:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Hours/Week worked:	
Salary: (Monthly)	

Please describe your duties.

Name of employer and location:	
Start Date: (Month/Day/Year):	
Ending Date: (Month/Day/Year):	
Job Title:	
Supervisor's Name:	
Supervisor's Phone Number:	
Employment Type:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Hours/Week worked:	
Salary: (Monthly)	

Please describe your duties.

Name of employer and location:	
Start Date: (Month/Day/Year):	
Ending Date: (Month/Day/Year):	
Job Title:	
Supervisor's Name:	
Supervisor's Phone Number:	
Employment Type:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Hours/Week worked:	
Salary: (Monthly)	

Please describe your duties.

The State of Alaska complies with Title I of the Americans with Disabilities Act (ADA). Individuals with disabilities who require special accommodation, auxiliary aids or services, or alternative communication formats call 1-800-587-0430 or 465-4095 in Juneau or 465-3412 TTY or correspond with the Division of Personnel at:

Department of Administration
Division of Personnel
PO Box 110201
Juneau, AK 99811-0201

We are an equal opportunity employer and support workplace diversity.

Please read carefully before submitting this profile: I certify the information I have entered on this form is true to the best of my knowledge. I understand if I conceal or enter false information on this form, my name may be removed from consideration for a job, or I may be removed from my job, if hired. I understand the information in this profile may be released in an authorized legal investigation. I agree that the State of Alaska, or its agents, may contact current or former employers or other persons who know me in order to obtain additional information.

Applicant's Signature: _____

Date: _____

Dear _____:

The Department of _____, Division of _____ is offering you a (fulltime, part time, etc.) (job classification), PCN _____ in (location). The position is located at _____. The supervisor is _____. A position description is attached for your information. If you accept this offer you will be expected to report to work on _____ at _____.

You must respond to this offer by _____ (ten (10) working days from the date of this letter). If you do not accept this offer or if you fail to respond by this date, you will be subject to separation.

Please indicated your decision below and return this letter to _____ at _____ or fax it to _____ by the date and time specified above.

If you wish to obtain additional information about this position you may contact _____ at _____.

Sincerely,

Employee Programs Manager

_____ I accept PCN _____, a(n) _____ and will begin work on _____.
_____ I do not accept PCN _____ and understand that I will be subject to separation.

cc: Management Services
Department of _____
(receiving department)

Management Services
Department of _____
(current department)

State ADA Coordinator
Division of Vocational Rehabilitation
Department of Labor and Workforce Development

Dear _____

Pursuant to the Americans with Disabilities Act and the Equal Employment Opportunity Commission's enforcement guidance, a thorough job search has been conducted in an attempt to reassign you to an alternate, vacant position as a reasonable accommodation. Unfortunately, we were unsuccessful in locating a position at or below your current salary range or an equivalent salary range for which you are qualified and able to perform the essential functions with or without reasonable accommodation. Therefore, effective _____ you will be separated from your employment with the State of Alaska.

Sincerely,

Employee Programs Manager

cc: Management Services
Department of _____

State ADA Coordinator
Division of Vocational Rehabilitation
Department of Labor and Workforce Development